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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/714,841
	Filing Date	Nov 20, 2000
	First Named Inventor	Layton, Pamela
	Art Unit	Technology Center 2600
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	26016.0.1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Revocation of prior powers of attorney and submission of power of attorney for replacement counsel.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual	Frederick C. Williams, Reg. No. 36,969 Burns & Levinson LLP
Signature	<i>Frederick C. Williams</i>
Date	October 10, 2003

CERTIFICATE OF TRANSMISSION/MAILING			
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PTO/SB/82 (05-03)

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REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	09/714,841
Filing Date	11/20/2000
First Named Inventor	Layton, Pamela
Art Unit	
Examiner Name	
Attorney Docket Number	26016.0.1

I hereby revoke all previous powers of attorney or authorization of agent given in the above-identified application.

☒ A power of Attorney or Authorization of Agent is submitted herewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name TriGuard Group, by Pamela G. Layton, President

Signature

Date

Telephone

(781) 455-1445 x 205

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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